

ENTRY BLANK

PLEASE TYPE OR PRINT

Entered previous May Show

☐ Ms.

☐ yes

☒ no

☒ Mr. Artist

PAUL MIKLOWSKI

(Last Name Last)

Permanent
Address

12226 CLIFTON BLVD

Street

City

LKWD.

44107

Tel. ()

216 - 228 - 0167

Zip

Area Code

Temporary or
Studio Address

7016 EUCLID AVE CLE.

Street

City

44103

Tel. ()

216 - 881 - 0551

Zip

Area Code

If you do not presently live in one of the counties of the
Western Reserve, which county were you born in? _____

Collaborator _____

(If Any)

If May Show entries are not accepted or not sold:

☒ Artist will pick up at Museum.

☐ Museum should dispose of.

☐ Museum should ship to artist C.O.D. at this address:

Special Instructions

When necessary include below instructions or a drawing of how
the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned
entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is
understood that the Museum will have the right to dispose for
its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on
exhibition until May 13, 1979.

The submission of objects will be construed as acceptance of all
conditions printed in the entry information.

Signature

Paul Mikowski

ENTRY BLANKS

1

- ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
☐ 4. Sculpture ☐ 5. Electric ☒ 6. Crafts

Materials

STONEWARE

Title

TEAPOT (A)

Price or NFS

\$45.00

Insurance Value
if NFS Only

Size

11" x 8" x 6"

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in Edition

Price
Unframed

Price of
Frame

ACCEPTED

REJECTED

DO NOT WRITE IN THIS SECTION

2 (PP)

ACCEPTED

REJECTED

2

- ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
☐ 4. Sculpture ☐ 5. Electric ☒ 6. Crafts

Materials

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ACCEPTED

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THIS SECTION

ACCEPTED

REJECTED

RECEIVED

DATE

2/10 TH